



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
APPLICANT CHECKLIST

FULTON STATE HOSPITAL

NAME: AYELE, MICHEAL ATNAFU

DATE: 5/13

SSN: 496-29-9890

APPLYING FOR: ANY

RESULTS

ACCEPTABLE

UNACCEPTABLE

FINGERPRINT - HIGHWAY PATROL



FINGERPRINT - FBI



DFS FORM



DIVISION OF AGING



DMH CENTRAL REGISTRY FORM



MISSOURI SEX OFFENDER REGISTRY



COMMENTS